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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 855091

1. Corporation Name

SOCIEDAD FINANCIERA HIPOTECARIA, SOCIEDAD ANONIM
A, INC.

Principal Place of Business

PO BOX 558703
MIAMI FL 33255
US

Mailing Address

PO BOX 558703
MIAMI FL 33255
US

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
C/O LAWRENCE J. SPIEGEL
343 ALMERIA AVENUE
CORAL GABLES FL 33134

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

81

Name

Spiegel & Utrera, P.A.

82

Street Address (P.O. Box Number is Not Acceptable)

343 Almeria Avenue

83

84

City

Coral Gables

FL

85

Zip Code

33134

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am fully qualified to accept the appointment as registered agent under 607.0505, Florida Statutes.

SIGNATURE By:

Natalia Utrera, Vice-President

12.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VSD
GRANADOS, MOISES
EDIF DOMINO 30 PANAMA
PANAMA

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VSP
CEPERO, MANUELO
765 NW 37 AVE
MIAMI FL

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VS
FIGUERO, CRISTOBAL
765 NW 37 AVE, SUITE 258
MIAMI FL

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

99 APR 30 PM 4:09

STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/23/1982

4. FEI Number

65-0037223

Applied For

Not Applicable

5. Certificate of Status Desired

[]

\$8.75 Additional
Fee Required

6. Election Campaign Financing

[]

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax

[]

Yes

[]

No

10. Name and Address of New Registered Agent

81

Name

Spiegel & Utrera, P.A.

82

Street Address (P.O. Box Number is Not Acceptable)

343 Almeria Avenue

83

84

City

Coral Gables

FL

85

Zip Code

33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[] Change

[] Addition

200002068212-6

-05/07/99--01137--013

****150.00 ****150.00

[] Change

[] Addition

[] Change

[] Addition

[] Change

[] Addition

[] Change

[] Addition

208
4/30/99

0077451

CR2E034 (11/98)